

Fill in this information to identify the case:

Debtor name Life of Purpose-Pennsylvania, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known) 19-12495(MDC)

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

**1b. Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 3,495,206.10

**1c. Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 3,495,206.10

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 27,054,427.79

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 169,653.19

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 2,066,135.38

**4. Total liabilities** .....  
Lines 2 + 3a + 3b

\$ 29,290,216.36

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Debtor name Life of Purpose-Pennsylvania, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIACase number (if known) 19-12495(MDC)☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: **Cash and cash equivalents**

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. PNC BankChecking - Operating5234\$17,442.643.2. PNC BankChecking - Housing2625\$1,590.743.3. PNC BankMoney Market3422\$0.003.4. PNC BankChecking - Patient Money2617\$479.704. **Other cash equivalents (Identify all)**5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$19,513.08**Part 2: **Deposits and Prepayments**

## 6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

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7. **Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

8.1. See "Schedule AB 8" attached hereto. \$85,072.76

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$85,072.76

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>5,470.00</u>	-	<u>0.00</u>	= ....	<u>\$5,470.00</u>
face amount			doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>3,346,043.26</u>	-	<u>0.00</u>	= ....	<u>\$3,346,043.26</u>
face amount			doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$3,351,513.26

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies Narcotics in safe under DEA license and various medial supplies		<u>\$0.00</u>		<u>Unknown</u>

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23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

**\$0.00**

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> <b>Miscellaneous Office Furniture located at 1035 Virginia Avenue, Suite 130, Fort Washington, PA and 225 E. City Avenue, Suite 15, Bala Cynwyd, PA</b>	<b>\$0.00</b>		<b>Unknown</b>
<b>Miscellaneous Office Furniture and Fixtures</b>	<b>\$88,104.70</b>		<b>Unknown</b>
40. <b>Office fixtures</b>			
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> <b>Miscellaneous Office Equipment</b>	<b>\$72,876.89</b>		<b>Unknown</b>

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$0.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

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- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1.	<u>2013 Chevrolet Suburban</u>	<u>\$20,581.46</u>	<u>Kelley Blue Book</u>	<u>\$18,767.00</u>
47.2.	<u>2015 Ford Escape</u>	<u>\$14,275.92</u>	<u>Kelley Blue Book</u>	<u>\$10,749.00</u>
47.3.	<u>Ford Escape</u>	<u>\$13,059.35</u>	<u>Kelley Blue Book</u>	<u>\$9,591.00</u>

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$39,107.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. **Patents, copyrights, trademarks, and trade secrets**

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61. Internet domain names and websites  
www.loptreatment.com \$0.00 Unknown

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No

☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$19,513.08</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$85,072.76</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$3,351,513.26</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$39,107.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$3,495,206.10</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$3,495,206.10</u>

**“SCHEDULE AB 8”  
Prepayments**



Liberation Way  
Transaction Report  
January 1, 2018 - April 17, 2019

Prepaid Expenses				Memo/Description			
Date	Transaction Type	Num	Adj	Name	Account	Split	Amount Balance
01/01/2018	Check	2051	No	Lagacy House, LLC	14000 Prepaid Expenses	10100 Business Checking (XXXXXX 3234)	285,000.00 285,000.00
02/01/2018	Journal Entry	Withnco17-42	Yes		14000 Prepaid Expenses	Split-	-285,000.00 0.00
02/29/2018	Check	2059	No	Lagacy House, LLC	14000 Prepaid Expenses	10100 Business Checking (XXXXXX 3234)	280,000.00 280,000.00
03/01/2018	Journal Entry	Withnco	Yes		14000 Prepaid Expenses	Split-	-280,000.00 0.00
04/29/2018	Bill	101191546	No	Macaron LLP	14000 Prepaid Expenses	21000 Accounts Payable (A/P)	32,044.54 32,044.54
05/01/2018	Expense		No	First Insurance Funding Corp	14000 Prepaid Expenses	21000 Business Checking (XXXXXX 3234)	24,198.54 56,243.08
05/01/2018	Expense		No	CNA Insurance	14000 Prepaid Expenses	10100 Business Checking (XXXXXX 3234)	10,138.92 66,381.99
05/17/2018	Bill	155 Present: 2018	No	Township of Hopewell	14000 Prepaid Expenses	21000 Accounts Payable (A/P)	4,887.74 71,269.73
05/29/2018	Journal Entry	Withnco1805	Yes		14000 Prepaid Expenses	Split-	-4,005.56 67,264.18
06/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 65,815.76
06/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-686.82 64,126.94
06/01/2018	Journal Entry	Withnco11800	Yes		14000 Prepaid Expenses	Split-	-3,456.65 60,670.30
06/29/2018	Journal Entry	129114458	No	Self-storage.com	14000 Prepaid Expenses	21000 Accounts Payable (A/P)	4,005.56 57,444.53
07/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,021.00 54,423.53
07/01/2018	Bill	1146 Stamp - Paper OK	No	Patricia A Gallagher - Tax Collectors	14000 Prepaid Expenses	21000 Accounts Payable (A/P)	-1,448.42 52,975.11
07/01/2018	Bill	65-00-0200-003-1541	No	Northeast Revenue Service, LLC	14000 Prepaid Expenses	21000 Accounts Payable (A/P)	9,390.20 62,365.31
07/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-18,109.00 44,256.31
07/01/2018	Journal Entry	Withnco11807	Yes		14000 Prepaid Expenses	Split-	-3,456.65 40,799.66
07/29/2018	Journal Entry	Self-storagePrepaid	Yes		14000 Prepaid Expenses	Split-	-4,005.56 36,794.10
07/29/2018	Bill	5255	No	NSM Insurance Group	14000 Prepaid Expenses	Split-	-4,005.56 32,788.54
08/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,510.50 31,278.04
08/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 30,839.62
08/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-686.82 29,152.80
08/01/2018	Journal Entry	Withnco11809	Yes		14000 Prepaid Expenses	Split-	-3,456.65 25,696.15
08/01/2018	Journal Entry	Withnco11455Stamp	Yes		14000 Prepaid Expenses	Split-	-3,221.90 22,474.25
08/01/2018	Bill	6274	No	NSM Insurance Group	14000 Prepaid Expenses	Split-	-1,878.04 20,596.21
08/13/2018	Bill	BNVCC620	No	Associated Imaging Solutions	14000 Prepaid Expenses	21000 Accounts Payable (A/P)	77,916.66 98,512.87
08/29/2018	Journal Entry	Withnco11809	Yes		14000 Prepaid Expenses	Split-	-1,756.56 96,756.31
08/29/2018	Bill	155 Present: 2020-18	No	Township of Hopewell	14000 Prepaid Expenses	21000 Accounts Payable (A/P)	-4,005.56 92,750.75
08/29/2018	Journal Entry	Self-storagePrepaid	Yes		14000 Prepaid Expenses	Split-	-4,005.56 88,745.19
08/29/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,510.50 87,234.69
08/29/2018	Bill	12343732	No	Self-storage.com	14000 Prepaid Expenses	21000 Accounts Payable (A/P)	3,021.00 84,213.69
08/29/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 82,765.27
09/01/2018	Journal Entry	WithncoCNAPrepaid	No		14000 Prepaid Expenses	Split-	-4,686.82 78,078.45
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 74,856.55
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,878.04 72,978.51
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 69,756.61
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 68,308.19
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 65,086.29
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 63,637.87
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 60,415.97
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 58,967.55
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 55,745.65
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 54,307.23
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 51,085.33
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 49,636.91
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 46,415.01
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 44,966.59
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 41,744.69
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 40,296.27
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 37,074.37
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 35,625.95
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 32,404.05
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 30,955.63
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 27,733.73
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 26,285.31
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 23,063.41
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 21,615.00
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 18,393.10
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 16,944.68
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 13,722.78
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 12,274.36
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 9,052.46
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 7,604.04
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 4,382.14
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 2,933.72
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -68.70
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -1,117.12
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -4,339.02
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -5,787.44
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -9,009.34
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -10,457.76
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -13,680.66
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -15,129.08
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -18,351.98
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -19,800.40
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -23,023.30
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -24,471.72
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -27,694.62
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -29,143.04
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -32,365.94
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -33,814.36
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -37,037.26
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -38,485.68
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -41,708.58
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -43,156.99
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -46,380.89
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -47,829.31
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -51,053.21
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -52,501.63
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -55,725.53
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -57,173.95
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -60,400.85
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -61,849.27
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -65,073.17
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -66,521.59
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -69,745.49
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -71,193.91
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -74,417.81
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -75,866.23
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -79,090.13
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -80,538.55
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -83,762.45
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -85,210.87
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -88,434.77
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -89,883.19
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -93,107.09
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -94,555.51
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -97,779.41
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -99,227.83
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -102,451.73
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -103,899.15
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -107,123.05
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -108,571.47
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -111,795.37
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -113,243.79
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -116,467.69
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -117,916.11
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -121,140.01
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -122,588.43
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -125,812.33
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -127,260.75
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -130,484.65
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -131,933.07
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -135,156.97
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -136,605.39
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -139,829.29
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -141,277.71
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -144,501.61
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -145,950.03
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-3,221.90 -149,173.93
09/01/2018	Journal Entry	WithncoCNAPrepaid	Yes		14000 Prepaid Expenses	Split-	-1,448.42 -150,622.35</

**85,072.76**  
**85,072.76**

Fill in this information to identify the case:

Debtor name Life of Purpose-Pennsylvania, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known) 19-12495(MDC)

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	
<b>\$27,054,427.79</b>	<b>Unknown</b>

**2.1 Oxford Finance LLC**

Creditor's Name

**Attn: Joseph Somerset,  
Managing Director  
133 North Fairfax Street  
Alexandria, VA 22314**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**Substantially All of the Assets**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$27,054,427.79**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Life of Purpose-Pennsylvania, LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

Case number (if known) **19-12495(MDC)**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Acquaviva, Tiffani Lyn</b> <b>101 Appletree Drive</b> <b>Levittown, PA 19055</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,094.40</b> <b>\$1,094.40</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address <b>Albright, Ashley Gail</b> <b>2608 Adams Court, 16a3</b> <b>North Wales, PA 19454</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,384.62</b> <b>\$1,384.62</b>
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Life of Purpose-Pennsylvania, LLC**  
Name

Case number (if known)

**19-12495(MDC)**

2.3	Priority creditor's name and mailing address <b>Ballester, James R.</b> <b>160 Greenhill Road</b> <b>King of Prussia, PA 19406</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,076.93</b>	<b>\$2,076.93</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.4	Priority creditor's name and mailing address <b>Blatt Geisler, Tracy Elisa</b> <b>504 Deerfield Court</b> <b>Blue Bell, PA 19422</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$14,400.00</b>	<b>\$12,850.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.5	Priority creditor's name and mailing address <b>Campbell, Jermaine</b> <b>4626 Worth Street</b> <b>Philadelphia, PA 19124</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,944.00</b>	<b>\$1,944.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.6	Priority creditor's name and mailing address <b>City of Philadelphia Dept. of Revenue</b> <b>P.O. Box 1630</b> <b>Philadelphia, PA 19105-1630</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$95.18</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Life of Purpose-Pennsylvania, LLC**  
Name

Case number (if known)

**19-12495(MDC)**

2.7 Priority creditor's name and mailing address  
**Clifton, James Richard**  
**3320 Fordham Road**  
**Philadelphia, PA 19114**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,211.04** **\$1,211.04**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.8 Priority creditor's name and mailing address  
**Davis, Brittany**  
**1338 N. 76th Street**  
**Philadelphia, PA 19151**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,188.00** **\$1,188.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.9 Priority creditor's name and mailing address  
**Davis, Brooke**  
**22 S. Tamenend Avenue**  
**New Britain, PA 18901**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,280.77** **\$1,280.77**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.10 Priority creditor's name and mailing address  
**DeLoatch, Lisa**  
**52 East Vassar Road**  
**Audubon, NJ 08106**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,029.60** **\$1,029.60**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

Debtor **Life of Purpose-Pennsylvania, LLC**  
Name

Case number (if known)

**19-12495(MDC)**

2.11	Priority creditor's name and mailing address <b>DeRose-King, Camille</b> <b>991 Fairfax Road</b> <b>Drexel Hill, PA 19026</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,423.07</b>	<b>\$2,423.07</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.12	Priority creditor's name and mailing address <b>Ferris, Heather A.</b> <b>723 Lake Wellington Drive</b> <b>Wellington, FL 33414</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,980.77</b>	<b>\$3,980.77</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.13	Priority creditor's name and mailing address <b>Gamer, Christopher Robert</b> <b>3400 Gialda Circle East, Apt. 208</b> <b>Palm Beach Gardens, FL 33410</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,153.85</b>	<b>\$4,153.85</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.14	Priority creditor's name and mailing address <b>Gazzara, Jacqueline</b> <b>63 Delia Drive</b> <b>Broomall, PA 19008</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,557.69</b>	<b>\$1,557.69</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

Debtor **Life of Purpose-Pennsylvania, LLC**  
Name

Case number (if known)

**19-12495(MDC)**

2.15	Priority creditor's name and mailing address <b>Gordon, Anthony Pasqual</b> <b>3012 N. 26th Street</b> <b>Philadelphia, PA 19132</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$972.00</b>	<b>\$972.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.16	Priority creditor's name and mailing address <b>Greczyn, Alyson Marie</b> <b>3855 Blair Mill Road, Apt. 235J</b> <b>Horsham, PA 19044</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,007.69</b>	<b>\$2,007.69</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.17	Priority creditor's name and mailing address <b>Harris, Akiva Shanae</b> <b>1646 Franklin Avenue</b> <b>Willow Grove, PA 19090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,250.00</b>	<b>\$2,250.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.18	Priority creditor's name and mailing address <b>Hooks, Nicole Rache</b> <b>295 North Keswick Avenue, Apt. B</b> <b>Glenside, PA 19038</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,769.23</b>	<b>\$2,769.23</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>Life of Purpose-Pennsylvania, LLC</b> Name	Case number (if known)	<b>19-12495(MDC)</b>
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2.19	Priority creditor's name and mailing address <b>Horwitz, Emily N.</b> <b>2703 East Ann Street</b> <b>Philadelphia, PA 19134</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,457.23</b>	<b>\$2,457.23</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.20	Priority creditor's name and mailing address <b>Kassar, Bethany Michelle</b> <b>11 Villa Drive</b> <b>Ambler, PA 19002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,500.00</b>	<b>\$4,500.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.21	Priority creditor's name and mailing address <b>Keenan, Amanda</b> <b>145 Central Avenue</b> <b>Souderton, PA 18964</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,596.15</b>	<b>\$2,596.15</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.22	Priority creditor's name and mailing address <b>Kenney, Melissa L.</b> <b>1321 Maple Avenue</b> <b>Roebling, NJ 08554</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,471.15</b>	<b>\$1,471.15</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Life of Purpose-Pennsylvania, LLC**  
Name

Case number (if known)

**19-12495(MDC)**

2.23 Priority creditor's name and mailing address  
**Lakin, Maxwell Louis**  
**1970 Veterans Highway, Apt. C35**  
**Levittown, PA 19056**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,384.62** **\$1,384.62**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.24 Priority creditor's name and mailing address  
**Lerman, Rebecca**  
**625 Society Hill Blvd.**  
**Cherry Hill, NJ 08003**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$4,153.85** **\$4,153.85**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.25 Priority creditor's name and mailing address  
**Mack, Selina**  
**1116 Lindley Avenue**  
**Philadelphia, PA 19141**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,008.00** **\$1,008.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.26 Priority creditor's name and mailing address  
**Madden, Tiffany M.**  
**22 Heather Road**  
**Turnersville, NJ 08012**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$2,769.23** **\$2,769.23**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor	<b>Life of Purpose-Pennsylvania, LLC</b> <small>Name</small>	Case number (if known)	<b>19-12495(MDC)</b>
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2.27	Priority creditor's name and mailing address <b>Mason, Tareez</b> <b>5932 Tackawanna Street</b> <b>Philadelphia, PA 19135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,072.80</b>	<b>\$1,072.80</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.28	Priority creditor's name and mailing address <b>Medendorp, Kellie Hope</b> <b>445 South Avenue</b> <b>Holmes, PA 19043</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,800.00</b>	<b>\$1,800.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.29	Priority creditor's name and mailing address <b>Milligan, William E.</b> <b>98 Brass Castle Road</b> <b>Washington, NJ 07882</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,332.72</b>	<b>\$1,332.72</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.30	Priority creditor's name and mailing address <b>Mullins, Katlynn M.</b> <b>2 Good Lane</b> <b>Levittown, PA 19055</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$972.00</b>	<b>\$972.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Life of Purpose-Pennsylvania, LLC**  
Name

Case number (if known)

**19-12495(MDC)**

2.31	Priority creditor's name and mailing address <b>Nicoll, Sara B. 144 East 9th Avenue Pine Hill, NJ 08021</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,800.00</b>	<b>\$1,800.00</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.32	Priority creditor's name and mailing address <b>Orlando, Mary 1318 Girard Avenue Wyomissing, PA 19610</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,904.62</b>	<b>\$3,904.62</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.33	Priority creditor's name and mailing address <b>PA Department of Revenue Bureau of Business Trust Fund Taxes P.O. Box 280904 Harrisburg, PA 17128-0904</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$177.59</b>	<b>\$0.00</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No

☐ Yes

2.34	Priority creditor's name and mailing address <b>Patricia A. Gallagher, Tax Collector Montgomery Township P.O. Box 690 Montgomeryville, PA 18936</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$12,648.00</b>	<b>\$0.00</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No

☐ Yes

Debtor **Life of Purpose-Pennsylvania, LLC**  
Name

Case number (if known)

**19-12495(MDC)**

2.35	Priority creditor's name and mailing address <b>Paul, Charles Y. 172 Sunny Brook Road Limerick, PA 19468</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,076.93</b>	<b>\$2,076.93</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.36	Priority creditor's name and mailing address <b>Poalise, Jayme 4601 Flat Rock Road, Unit 35 Philadelphia, PA 19127</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,153.85</b>	<b>\$4,153.85</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.37	Priority creditor's name and mailing address <b>Poole, Susan 926 Lakeview Drive Green Lane, PA 18054</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,160.00</b>	<b>\$2,160.00</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.38	Priority creditor's name and mailing address <b>Potter, Michael N. 17 King Arthur Drive Medford, NJ 08055</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,980.77</b>	<b>\$3,980.77</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

Debtor	<b>Life of Purpose-Pennsylvania, LLC</b> <small>Name</small>	Case number (if known)	<b>19-12495(MDC)</b>
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2.39	Priority creditor's name and mailing address <b>Proffitt, Rebecca C.</b> <b>2 Kennedy Drive</b> <b>Turnersville, NJ 08012</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,283.75</b> <b>\$2,283.75</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.40	Priority creditor's name and mailing address <b>Quinn, Christoper Dion</b> <b>5028 Tacoma Street</b> <b>Philadelphia, PA 19144</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$936.00</b> <b>\$936.00</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.41	Priority creditor's name and mailing address <b>Rofe, Jonathan M.</b> <b>100 Fairfax Road</b> <b>Fairless Hills, PA 19030</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,224.00</b> <b>\$1,224.00</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.42	Priority creditor's name and mailing address <b>Rothermel, Andrew Janssen</b> <b>1402 Dakota Drive</b> <b>Jupiter, FL 33458</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$14,711.54</b> <b>\$12,850.00</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Life of Purpose-Pennsylvania, LLC</b> <small>Name</small>	Case number (if known)	<b>19-12495(MDC)</b>
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2.43	Priority creditor's name and mailing address <b>Rue, Elizabeth Ann</b> <b>130 Sumac Street, Apt. 2F</b> <b>Philadelphia, PA 19128</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,942.31</b>	<b>\$2,942.31</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.44	Priority creditor's name and mailing address <b>Russell, Andrew J.</b> <b>2586 Jean Drive</b> <b>Hatfield, PA 19440</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,188.00</b>	<b>\$1,188.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.45	Priority creditor's name and mailing address <b>Russell, Robert Leroy</b> <b>307 Abbey Lane</b> <b>Lansdale, PA 19446</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,008.00</b>	<b>\$1,008.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.46	Priority creditor's name and mailing address <b>Rutledge, Tiara</b> <b>1301 Kummerer Road</b> <b>Pottstown, PA 19464</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,944.00</b>	<b>\$1,944.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Life of Purpose-Pennsylvania, LLC**  
Name

Case number (if known)

**19-12495(MDC)**

2.47	Priority creditor's name and mailing address <b>Sellers, Robert</b> <b>640 Wyckford</b> <b>Sellersville, PA 18960</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,188.00</b>	<b>\$1,188.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.48	Priority creditor's name and mailing address <b>Shelp, Evan M.</b> <b>503 Christian Street, Apt. 3</b> <b>Philadelphia, PA 19147</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,152.00</b>	<b>\$1,152.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.49	Priority creditor's name and mailing address <b>Shields, Duane L.</b> <b>4802 East Alcott Street</b> <b>Philadelphia, PA 19135</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,250.00</b>	<b>\$2,250.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.50	Priority creditor's name and mailing address <b>Simpson, Brian James</b> <b>2608 Adams Court</b> <b>North Wales, PA 19454</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,488.46</b>	<b>\$1,488.46</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **Life of Purpose-Pennsylvania, LLC**  
Name

Case number (if known)

**19-12495(MDC)**

2.51	Priority creditor's name and mailing address <b>Sims, Rasheem Lateef</b> <b>235 North Hills Avenue</b> <b>Glenside, PA 19038</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,008.00</b>	<b>\$1,008.00</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.52	Priority creditor's name and mailing address <b>Spencer, Victoria Lynn</b> <b>428 Fir Street</b> <b>Warminster, PA 18974</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,008.00</b>	<b>\$1,008.00</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.53	Priority creditor's name and mailing address <b>Stern, Mallory Faye</b> <b>92 Williams Feather Drive, Unit 8</b> <b>Voorhees, NJ 08043</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,869.23</b>	<b>\$1,869.23</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.54	Priority creditor's name and mailing address <b>Swint, Curran J.</b> <b>8233 Fayette Street</b> <b>Philadelphia, PA 19150</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,280.77</b>	<b>\$1,280.77</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor **Life of Purpose-Pennsylvania, LLC**  
Name

Case number (if known)

**19-12495(MDC)**

2.55	Priority creditor's name and mailing address <b>Terry, Drew R.</b> <b>5 Double Woods Road</b> <b>Sicklerville, NJ 08081</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,423.07</b>	<b>\$2,423.07</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.56	Priority creditor's name and mailing address <b>Thompson, Richard</b> <b>58 Maple Avenue</b> <b>Trenton, NJ 08618</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,080.00</b>	<b>\$1,080.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.57	Priority creditor's name and mailing address <b>Thorpe, Jermaine</b> <b>25 Fairway Court</b> <b>Lawrenceville, NJ 08648</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,008.00</b>	<b>\$1,008.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.58	Priority creditor's name and mailing address <b>Trauger, Paul Randy</b> <b>P.O. Box 183</b> <b>Green Lane, PA 18054</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,153.85</b>	<b>\$4,153.85</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Life of Purpose-Pennsylvania, LLC**  
Name

Case number (if known)

**19-12495(MDC)**

2.59	Priority creditor's name and mailing address <b>Vitolo, Paul</b> <b>955 Easton Road, Apt. A2</b> <b>Warrington, PA 18976</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,008.00</b>	<b>\$1,008.00</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.60	Priority creditor's name and mailing address <b>Wenger, Robert E.</b> <b>811 Alene Road</b> <b>Ambler, PA 19002</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10,800.00</b>	<b>\$10,800.00</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.61	Priority creditor's name and mailing address <b>White, Antoinette Marie</b> <b>409 Harrison Avenue</b> <b>Glenside, PA 19038</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,115.38</b>	<b>\$3,115.38</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No

☐ Yes

2.62	Priority creditor's name and mailing address <b>Whitemarsh Township</b> <b>616 Germantown Pike</b> <b>Lafayette Hill, PA 19444</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,188.49</b>	<b>\$0.00</b>
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Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No

☐ Yes

Debtor	<b>Life of Purpose-Pennsylvania, LLC</b> Name	Case number (if known)	<b>19-12495(MDC)</b>
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2.63	Priority creditor's name and mailing address <b>Whitemarsh Township Authority</b> <b>462 Germantown Pike, Suite 1</b> <b>P.O. Box 447</b> <b>Lafayette Hill, PA 19444</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$155.99</b>	<b>\$0.00</b>
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Date or dates debt was incurred	Basis for the claim:
Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address <b>225 City Ave Associates</b> <b>225 City Avenue</b> <b>Bala Cynwyd, PA 19004</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,401.77</b>
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3.2	Nonpriority creditor's name and mailing address <b>4 Erial Road, LLC</b> <b>12 Penns Trail, Suite 103</b> <b>Newtown, PA 18940</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,000.00</b>
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3.3	Nonpriority creditor's name and mailing address <b>Adworthy, Inc.</b> <b>2080 Cabot Blvd. West, Suite 205</b> <b>Langhorne, PA 19047</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,810.00</b>
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3.4	Nonpriority creditor's name and mailing address <b>All Seasons Landscaping Co., Inc.</b> <b>3915 Market Street</b> <b>Aston, PA 19014</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,025.00</b>
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3.5	Nonpriority creditor's name and mailing address <b>Anchor Diagnostics</b> <b>150 NW 168th Street</b> <b>North Miami Beach, FL 33169</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,463.39</b>
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Associated Imaging Solutions</b> <b>130 Almshouse Road, Suite 209</b> <b>Richboro, PA 18954</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,648.07</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Atlantic Diagnostic Labs</b> <b>3520 Progress Drive, Suite C</b> <b>Bensalem, PA 19020</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$545.41</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>B&amp;G Real Estate Associates</b> <b>Novus Capital, LLC</b> <b>P.O. Box 1012</b> <b>Voorhees, NJ 08043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,357.53</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Ballard Spahr</b> <b>1735 Market Street, 51st Floor</b> <b>Philadelphia, PA 19103-7599</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,016.86</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Bootcamp Designer - Christine Case</b> <b>11 Oak View Drive</b> <b>Cranston, RI 02921</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,650.00</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Bucks County Hot Tubs</b> <b>3679 Old Easton Road</b> <b>Doylestown, PA 18902</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$984.92</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Cedrone &amp; Mancano, LLC</b> <b>123 South Broad Street, Suite 810</b> <b>Philadelphia, PA 19109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,537.50</b>

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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas</b> <b>LOC 061 P.O. Box 630803</b> <b>Cincinnati, OH 45263-0803</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,941.70</b>
<hr/>			
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast - 8499100025391631</b> <b>P.O. Box 3001</b> <b>Southeastern, PA 19398-3001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$263.10</b>
<hr/>			
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast - 8499102470074175</b> <b>P.O. Box 3005</b> <b>Southeastern, PA 19398-3005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$523.61</b>
<hr/>			
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast - 8499102470075057</b> <b>P.O. Box 3001</b> <b>Southeastern, PA 19398-3001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$908.76</b>
<hr/>			
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Cooper Pest Solutions, Inc.</b> <b>2495 Brunswick Pike, Suite 10</b> <b>Lawrenceville, NJ 08648-4099</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$449.65</b>
<hr/>			
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Cozi TV Philadelphia</b> <b>ECAU - P.O. Box 419306</b> <b>Boston, MA 02241-9306</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,436.50</b>
<hr/>			
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>DLA Piper LLP</b> <b>P.O. Box 75190</b> <b>Baltimore, MD 21275</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$382,828.60</b>

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3.20	Nonpriority creditor's name and mailing address <b>Domenick Braccia</b> <b>1630 White Oak Road</b> <b>Perkasie, PA 18944</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,900.00</b>
3.21	Nonpriority creditor's name and mailing address <b>Duane Morris LLP</b> <b>30 South 17th Street</b> <b>Attn: Payment Processing</b> <b>Philadelphia, PA 19103-4196</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$323,941.17</b>
3.22	Nonpriority creditor's name and mailing address <b>EAP Consultants - ESPYR</b> <b>1850 Parkway Place, Suite 700</b> <b>Marietta, GA 30067</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,500.00</b>
3.23	Nonpriority creditor's name and mailing address <b>Fairlie &amp; Lippy, P.C.</b> <b>1501 Lower State Road, Suite 304</b> <b>North Wales, PA 19454</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,650.00</b>
3.24	Nonpriority creditor's name and mailing address <b>Flyers Charities</b> <b>3601 South Broad Street</b> <b>Philadelphia, PA 19148</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,500.00</b>
3.25	Nonpriority creditor's name and mailing address <b>Franklin Residential</b> <b>124 S. 22nd Street, Unit 1F</b> <b>Philadelphia, PA 10103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47,500.00</b>
3.26	Nonpriority creditor's name and mailing address <b>Fulcrum Equity Partners, Inc.</b> <b>5555 Glenridge Connector, Suite 930</b> <b>Atlanta, GA 30342</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,251.53</b>

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3.27	Nonpriority creditor's name and mailing address <b>Harris Goode</b> <b>118 Norwalk Road, Unit 16</b> <b>Runnemede, NJ 08078</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,750.00</b>
3.28	Nonpriority creditor's name and mailing address <b>Healthy Body Network, LLC</b> <b>1571 Cambridge Pl.</b> <b>Marietta, GA 30062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,000.00</b>
3.29	Nonpriority creditor's name and mailing address <b>Helm</b> <b>400 Davis Drive, Suite 100</b> <b>Plymouth Meeting, PA 19462</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,609.75</b>
3.30	Nonpriority creditor's name and mailing address <b>Hogan Lovells US LLP</b> <b>555 13th Street NW</b> <b>Washington, DC 20004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,135.00</b>
3.31	Nonpriority creditor's name and mailing address <b>Hopkins' Cleaning Medics</b> <b>295 N. Keswick Ave., Apt. B</b> <b>Glenside, PA 19038</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,400.00</b>
3.32	Nonpriority creditor's name and mailing address <b>HydroGraphics Aquarium</b> <b>838 Central Avenue</b> <b>Glenside, PA 19038</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$550.00</b>
3.33	Nonpriority creditor's name and mailing address <b>Inc Now - Agents and Corporations</b> <b>P.O. Box 511</b> <b>Wilmington, DE 19899-0511</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$124.00</b>



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<b>3.34</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Independence BC/BS</b> <b>Lockbox #3092</b> <b>P.O. Box 8500</b> <b>Philadelphia, PA 19178-3092</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,916.34</b>
<hr/>			
<b>3.35</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Integrity Billing</b> <b>1630 S. Congress Avenue, Suite 102</b> <b>Palm Springs, FL 33414</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,231.58</b>
<hr/>			
<b>3.36</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Interstate Outdoor</b> <b>Attn: Accounts Receivable</b> <b>905 North Kings Highway</b> <b>Cherry Hill, NJ 08034-1519</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,000.00</b>
<hr/>			
<b>3.37</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Iron Mountain</b> <b>P.O. Box 27128</b> <b>New York, NY 10087-7128</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,907.63</b>
<hr/>			
<b>3.38</b>	<b>Nonpriority creditor's name and mailing address</b> <b>IT Service ArchiTechs, LLC</b> <b>80 Maple Ave., Floor 1</b> <b>Media, PA 19063</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,179.75</b>
<hr/>			
<b>3.39</b>	<b>Nonpriority creditor's name and mailing address</b> <b>J&amp;R Associates</b> <b>1711 Bethlehem Pike</b> <b>Hatfield, PA 19440</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,400.00</b>
<hr/>			
<b>3.40</b>	<b>Nonpriority creditor's name and mailing address</b> <b>K-9 Gunner Tactical, LLC</b> <b>201 Lows Hollow Road</b> <b>Stewartsville, NJ 08886</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,750.00</b>

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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Kipu Systems</b> <b>55 Alhambra Plaza, Suite 600</b> <b>Coral Gables, FL 33134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,090.00</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Korn Ferry International NW 5064</b> <b>P.O. Box 1450</b> <b>Minneapolis, MN 55485-5064</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119,048.00</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Law Offices of Howard Bruce Klein PC</b> <b>1700 Market Street, Suite 3025</b> <b>Philadelphia, PA 19103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,140.00</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Law Offices of Steven M. Janove LLC</b> <b>1415 Route 70 East, Suite 306</b> <b>Cherry Hill, NJ 08034-2210</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,965.00</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>LDiscovery, LLC</b> <b>8201 Greensboro Drive, Suite 300</b> <b>McLean, VA 22102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72,132.96</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Mainline Drug Testing Services LLC</b> <b>P.O. Box 98143</b> <b>Pittsburgh, PA 15227</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$882.00</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Marcum LLP</b> <b>1600 Market Street, 32nd Floor</b> <b>Philadelphia, PA 19103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,450.00</b>

Debtor **Life of Purpose-Pennsylvania, LLC**  
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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Masano Bradley, LLP</b> <b>1100 Berkshire Blvd., Suite 201</b> <b>Wyomissing, PA 19610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,456.50</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>McKesson Medical Surgical</b> <b>Minnesota Supply Inc.</b> <b>P.O. Box 204786</b> <b>Dallas, TX 75320-4786</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$707.44</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Media Borough Police Department</b> <b>301 N. Jackson Street</b> <b>P.O. Box 226</b> <b>Media, PA 19063</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.00</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>MPMP</b> <b>1725 Limekiln Pike</b> <b>Dresher, PA 19025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$183.40</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>NBC 10 - WCAU</b> <b>P.O. Box 419306</b> <b>Boston, MA 02241-9306</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,695.00</b>
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Northeast Revenue Service, LLC</b> <b>P.O. Box 388</b> <b>Conshohocken, PA 19428-0388</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,697.83</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Outdoor Partnership, LLC</b> <b>79 Boxwood Road</b> <b>Churchville, PA 18966</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,000.00</b>

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3.55	Nonpriority creditor's name and mailing address <b>PECO</b> <b>P.O. Box 37629</b> <b>Philadelphia, PA 19101-0629</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18.75</b>
3.56	Nonpriority creditor's name and mailing address <b>Post &amp; Schell P.C.</b> <b>Four Penn Center, 13th Floor</b> <b>1600 JFK Blvd.</b> <b>Philadelphia, PA 19103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,986.00</b>
3.57	Nonpriority creditor's name and mailing address <b>PR Newswire</b> <b>G.P.O. Box 5897</b> <b>New York, NY 10087-5897</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,840.00</b>
3.58	Nonpriority creditor's name and mailing address <b>Rachel Welch - Mediation Coach</b> <b>120 South York Road, Apt. 6</b> <b>Hatboro, PA 19040</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
3.59	Nonpriority creditor's name and mailing address <b>Registered Agent Solutions Inc.</b> <b>1701 Directors Blvd, Suite 300</b> <b>Austin, TX 78744</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$175.00</b>
3.60	Nonpriority creditor's name and mailing address <b>Sabastino Nini, Inc.</b> <b>24 South Main Street, 2nd Floor</b> <b>Allentown, NJ 08501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,219.00</b>
3.61	Nonpriority creditor's name and mailing address <b>SalesForce.com</b> <b>P.O. Box 20314</b> <b>Dallas, TX 75320-3141</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$179.81</b>

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3.62 Nonpriority creditor's name and mailing address **Sharps Compliance, Inc.**  
**P.O. Box 679502**  
**Dallas, TX 75267-9502**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_  
As of the petition filing date, the claim is: Check all that apply. **\$65.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.63 Nonpriority creditor's name and mailing address **Shop Rite**  
**700 Delsea Drive**  
**Westville, NJ 08093**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_  
As of the petition filing date, the claim is: Check all that apply. **\$17,741.75**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.64 Nonpriority creditor's name and mailing address **Solutions Based Plumbing**  
**2405 New Falls Rd.**  
**Levittown, PA 19056**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_  
As of the petition filing date, the claim is: Check all that apply. **\$8,000.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.65 Nonpriority creditor's name and mailing address **Strategic Business Communications**  
**Accounts Receivable**  
**1979 Marcus Avenue, Suite 210**  
**Lake Success, NY 11042-1022**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_  
As of the petition filing date, the claim is: Check all that apply. **\$3,495.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.66 Nonpriority creditor's name and mailing address **Strategy12 Consulting Inc.**  
**1318 Girard Avenue**  
**Wyomissing, PA 19610**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_  
As of the petition filing date, the claim is: Check all that apply. **\$7,500.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.67 Nonpriority creditor's name and mailing address **Stratix Systems Inc.**  
**1011 North Park Road**  
**Wyomissing, PA 19610**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_  
As of the petition filing date, the claim is: Check all that apply. **\$58.30**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

3.68 Nonpriority creditor's name and mailing address **Suburban Life Magazine, LLC**  
**110 Centre Blvd.**  
**Marlton, NJ 08053**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_  
As of the petition filing date, the claim is: Check all that apply. **\$4,000.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Basis for the claim: \_\_\_\_  
Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Life of Purpose-Pennsylvania, LLC**  
Name

Case number (if known) **19-12495(MDC)**

3.69 Nonpriority creditor's name and mailing address

**The Anderson Group  
879 Fritztown Road  
Sinking Spring, PA 19608**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**\$9,957.75**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.70 Nonpriority creditor's name and mailing address

**The Hartford  
P.O. Box 660916  
Dallas, TX 75266-0916**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**\$750.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.71 Nonpriority creditor's name and mailing address

**Tian Realty Web  
2115 Ferncroft Lane  
Chester Springs, PA 19425**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**\$38,055.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.72 Nonpriority creditor's name and mailing address

**Treatment Center Help Inc.  
153 Roseberry Street  
Philadelphia, PA 19148**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**\$22,500.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.73 Nonpriority creditor's name and mailing address

**Vector Security - 866386  
P.O. Box 89462  
Cleveland, OH 44101-6462**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**\$29.64**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.74 Nonpriority creditor's name and mailing address

**Vector Security - 866412  
P.O. Box 89462  
Cleveland, OH 44101-6462**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**\$49.95**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.75 Nonpriority creditor's name and mailing address

**Verizon - 442109972-00001  
P.O. Box 25505  
Lehigh Valley, PA 18002-5505**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**\$553.78**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Life of Purpose-Pennsylvania, LLC**  
Name

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3.76	Nonpriority creditor's name and mailing address <b>Verizon - 442109972-00003</b> <b>P.O. Box 25505</b> <b>Lehigh Valley, PA 18002-5505</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$297.05</b>
3.77	Nonpriority creditor's name and mailing address <b>VoxNet, LLC</b> <b>P.O. Box 37814</b> <b>Baltimore, MD 21297-7814</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,957.16</b>
3.78	Nonpriority creditor's name and mailing address <b>Welsh &amp; Recker</b> <b>2000 Market Street, Suite 2903</b> <b>Philadelphia, PA 19103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$102,382.33</b>
3.79	Nonpriority creditor's name and mailing address <b>Windham Brannon</b> <b>3630 Peachtree Road NE</b> <b>Atlanta, GA 30326</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$319,595.98</b>
3.80	Nonpriority creditor's name and mailing address <b>Worthy Insurance Group</b> <b>8140 N. McCormick Blvd., Suite 141</b> <b>Skokie, IL 60076</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$965.88</b>
3.81	Nonpriority creditor's name and mailing address <b>WPTV</b> <b>P.O. Box 864910</b> <b>Orlando, FL 32886-4910</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,800.00</b>
3.82	Nonpriority creditor's name and mailing address <b>WPTVMEV</b> <b>P.O. Box 864910</b> <b>Orlando, FL 32886-4910</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,760.00</b>

Debtor Life of Purpose-Pennsylvania, LLC Case number (if known) 19-12495(MDC)  
Name

3.83 Nonpriority creditor's name and mailing address WPVI As of the petition filing date, the claim is: Check all that apply. \$16,320.00  
Attn: WPVI-606 ☐ Contingent  
P.O. Box 732384 ☐ Unliquidated  
Dallas, TX 75373-2384 ☐ Disputed  
Date(s) debt was incurred            Basis for the claim:             
Last 4 digits of account number            Is the claim subject to offset? ☒ No ☐ Yes

3.84 Nonpriority creditor's name and mailing address Zaman Media, LLC As of the petition filing date, the claim is: Check all that apply. \$24,270.00  
801 East Campbell Road, Suite 380 ☐ Contingent  
Richardson, TX 75081 ☐ Unliquidated  
Date(s) debt was incurred            Basis for the claim:             
Last 4 digits of account number            Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 Adam Nachmani, Esquire Sirlin, Lesser & Benson, PC 123 S. Broad Street, Suite 2100 Philadelphia, PA 19109	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain <u>          </u>	—
4.2 Dana S. Plon, Esquire Sirlin Lesser & Benson, P.C. 123 South Broad Street, Suite 2100 Philadelphia, PA 19109	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain <u>          </u>	—
4.3 James E. Gavin, Esquire Masano Bradley 1100 Berkshire Blvd., Suite 201 Wyomissing, PA 19610	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain <u>          </u>	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	\$ <u>169,653.19</u>
5b. Total claims from Part 2	\$ <u>2,066,135.38</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ <u>2,235,788.57</u>



Fill in this information to identify the case:

Debtor name **Life of Purpose-Pennsylvania, LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

Case number (if known) **19-12495(MDC)**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Lease of 1146 Stump Road, North Wales, PA**

State the term remaining

List the contract number of any government contract

**1146 Stump Road, LLC  
1035 Virginia Drive, Suite 130  
Fort Washington, PA 19034**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**Lease of 155 Pleasantville Road, Titusville, NJ**

State the term remaining

List the contract number of any government contract

**155 Pleasant Valley Road LLC  
1035 Virginia Drive, Suite 130  
Fort Washington, PA 19034**

2.3. State what the contract or lease is for and the nature of the debtor's interest

**Lease of 225 E. City Avenue, Suite 15, Bala Cynwyd, PA 19004**

State the term remaining

List the contract number of any government contract

**225 City Avenue Associates LLP  
c/o Keystone Property Group  
P.O. Box 714806  
Cincinnati, OH 45271**

2.4. State what the contract or lease is for and the nature of the debtor's interest

**Lease of 4 Erial Road, Sicklerville, NJ 08081**

State the term remaining

List the contract number of any government contract

**4 Erial Road, LLC  
12 Penns Trail, Suite 103  
Newtown, PA 18940**

Debtor 1 **Life of Purpose-Pennsylvania, LLC**

First Name

Middle Name

Last Name

Case number (if known) **19-12495(MDC)**

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

**Lease of 650 Church Road, Flourtown, PA**

State the term remaining

List the contract number of any government contract

**650 Church Road, LLC  
1035 Virginia Drive, Suite 130  
Fort Washington, PA 19034**

2.6. State what the contract or lease is for and the nature of the debtor's interest

**Lease of 90 West Afton Ave., Suite 101, Yardley, PA 19067**

State the term remaining

List the contract number of any government contract

**B&G Real Estate Associates  
P.O. Box 1012  
Voorhees, NJ 08043**

2.7. State what the contract or lease is for and the nature of the debtor's interest

**Lease of (1) 927 S. 7th Street, Apt. 2 & 3, Philadelphia, PA 19146; (2) 608 3rd Street, Apt 2 & 3, Philadelphia, PA 19147; and (3) 929 7th Street, Apt. 3, Philadelphia, PA 19146**

State the term remaining

List the contract number of any government contract

**Franklin Residential  
124 S. 22nd Street, Unit 1F  
Philadelphia, PA 19103**

2.8. State what the contract or lease is for and the nature of the debtor's interest

**Lease of 321 Swartley Road, Hatfield, PA 19440**

State the term remaining

List the contract number of any government contract

**J&R Associates  
1711 Bethlehem Pike  
Hatfield, PA 19440**

2.9. State what the contract or lease is for and the nature of the debtor's interest

**Lease of 17 West Knight Street, Collingswood, NJ 08108**

State the term remaining

List the contract number of any government contract

**Russell & Alice Palermo  
436 Virginia Avenue  
West Collingswood, NJ 08107**

Debtor 1 **Life of Purpose-Pennsylvania, LLC**

First Name

Middle Name

Last Name

Case number (if known) **19-12495(MDC)**

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest **Lease of 420 N. 40th Street, Philadelphia, PA 19103**

State the term remaining

List the contract number of any government contract

**Tian Realty Web  
2115 Ferncroft Lane  
Chester Springs, PA 19425**

2.11. State what the contract or lease is for and the nature of the debtor's interest **Lease of 1035 Virginia Drive, Suite 130, Fort Washington, PA 19034**

State the term remaining

List the contract number of any government contract

**Vette Associates  
281 Tabor Road  
Ottsville, PA 18942**

Fill in this information to identify the case:

Debtor name Life of Purpose-Pennsylvania, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known) 19-12495(MDC)

☐ Check if this is an amended filing

Official Form 206H  
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	1146 Stump Road, LLC	1035 Virginia Drive, Suite 130 Fort Washington, PA 19034	Oxford Finance LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	155 Pleasant Valley Road LLC	1035 Virginia Drive, Suite 130 Fort Washington, PA 19034	Oxford Finance LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	650 Church Road, LLC	1035 Virginia Drive, Suite 130 Fort Washington, PA 19034	Oxford Finance LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	City Line Behavioral Healthcare, LLC	1035 Virginia Drive, Suite 130 Fort Washington, PA 19034	Oxford Finance LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Life in Progress LLC	1035 Virginia Drive, Suite 130 Fort Washington, PA 19034	Oxford Finance LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Life of Purpose-Pennsylvania, LLC

Case number (if known) 19-12495(MDC)

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.  
Column 1: Codebtor Column 2: Creditor

2.6	<b>Life of Purpose LLC</b>	1035 Virginia Drive, Suite 130 Fort Washington, PA 19034	Oxford Finance LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	<b>MCI Real Estate Holdings, LLC</b>	1035 Virginia Drive, Suite 130 Fort Washington, PA 19034	Oxford Finance LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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In re Life of Purpose-Pennsylvania, LLC  
Debtor

Case No. 19-12495(MDC)

Chapter 7

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF CORPORATION**

I, Drew Rothermel, Sole Member of the Debtor, declare under penalty of perjury that I have read the foregoing Summary of Schedules and Schedules, and any attachments thereto, and that they are true and correct to the best of my knowledge, information and belief.

**LIFE OF PURPOSE-PENNSYLVANIA, LLC**

By: 

Drew Rothermel, Sole Member

Dated: May 1, 2019

**Fill in this information to identify the case:**

Debtor name Life of Purpose-Pennsylvania, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known) 19-12495(MDC)

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:  
From 1/01/2019 to Filing Date

☒ Operating a business  
☐ Other \_\_\_\_\_

\$728,450.00

For prior year:  
From 1/01/2018 to 12/31/2018

☒ Operating a business  
☐ Other \_\_\_\_\_

\$6,913,765.00

For year before that:  
From 1/01/2017 to 12/31/2017

☒ Operating a business  
☐ Other \_\_\_\_\_

\$26,298,543.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply

Debtor **Life of Purpose-Pennsylvania, LLC**Case number (if known) **19-12495(MDC)**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. See "SOFA 3" attached hereto.		\$1,813,873.74	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See "SOFA 4" attached hereto.		\$6,265,743.39	

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Oxford Finance LLC Attn: Joseph Somerset, Managing Director 133 North Fairfax Street Alexandria, VA 22314	Funds from the Money Market Account Last 4 digits of account number: <u>3422</u>	April 16, 2019	\$102,333.42

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. 4 Erial Road, LLC v. Liberation Way, LLC, et al. 2018-27286	Civil	Montgomery County Court of Common Pleas P.O. Box 311 Norristown, PA 19404-0311	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded



Debtor **Life of Purpose-Pennsylvania, LLC**

Case number (if known) **19-12495(MDC)**

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2. <b>Commonwealth of Pennsylvania v. Liberation Way LLC, et al. CP-09-CR-0002068-2019</b>	<b>Criminal</b>	<b>Bucks County Court of Common Pleas 55 East Court Street Doylestown, PA 18901</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. <b>See "SOFA 9" attached hereto.</b>			<b>\$133,372.82</b>
<b>Recipients relationship to debtor</b>			

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>			

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **Life of Purpose-Pennsylvania, LLC**

Case number (if known) **19-12495(MDC)**

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>Karalis PC 1900 Spruce Street Philadelphia, PA 19103</b>		<b>April 17, 2019</b>	<b>\$5,960.00</b>
	Email or website address <b>www.karalislaw.com</b>			
	Who made the payment, if not debtor? <b>Oxford Finance LLC</b>			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
13.	<b>Transfers not already listed on this statement</b>			
	List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.			

☒ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	<b>17 West Knight Avenue Collingswood, NJ 08108</b>	

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	<b>See Below</b>	<b>Prior to the petition date, debtor operated a drug treatment center. All patients have been discharged.</b>	<b>0</b>
		Location where patient records are maintained (if different from	How are records kept?

Debtor Life of Purpose-Pennsylvania, LLC

Case number (if known) 19-12495(MDC)

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

facility address). If electronic, identify any service provider.

**Kipu Medical Records**  
55 Alhambra Plaza, Suite 600  
Coral Gables, FL 33134

Check all that apply:

☒ Electronically  
☐ Paper

**Part 9: Personally Identifiable Information**

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.  
☒ Yes. State the nature of the information collected and retained.

**Patient Information governed by HIPAA**

Does the debtor have a privacy policy about that information?

- ☒ No  
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.  
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

**401(k) Plan**

Employer identification number of the plan  
EIN: \_\_\_\_\_

Has the plan been terminated?

- ☒ No  
☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address

Names of anyone with access to it  
Address

Description of the contents

Do you still have it?

Debtor **Life of Purpose-Pennsylvania, LLC**

Case number (if known) **19-12495(MDC)**

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Iron Mountain 1000 Campus Drive Collegeville, PA 19426	N/A		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

Debtor **Life of Purpose-Pennsylvania, LLC**

Case number (if known) **19-12495(MDC)**

☐ None

**Business name address**

**Describe the nature of the business**

**Employer Identification number**

Do not include Social Security number or ITIN.

**Dates business existed**

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

**Name and address**

**Date of service  
From-To**

26a.1. **Windham Brannon  
3630 Peachtree Road NE  
Atlanta, GA 30326**

26a.2. **Marcum LLP  
1600 Market Street, 32nd Floor  
Philadelphia, PA 19103**

26a.3. **The Sharp Financial Group  
100 Tournament Drive, Suite 250  
Horsham, PA 19044**

26a.4. **New Phase Advisory Services  
315 N. Matlack Street  
West Chester, PA 19380**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

**Name and address**

**Date of service  
From-To**

26b.1. **Marcum LLP  
1600 Market Street, 32nd Floor  
Philadelphia, PA 19103**

**Name and address**

**Date of service  
From-To**

26b.2. **Windham Brannon  
3630 Peachtree Road NE  
Atlanta, GA 30326**

**Name and address**

**Date of service  
From-To**

26b.3. **New Phase Advisory Services  
315 N. Matlack Street  
West Chester, PA 19380**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

**Name and address**

**If any books of account and records are  
unavailable, explain why**

26c.1. **Windham Brannon  
3630 Peachtree Road NE  
Atlanta, GA 30326**

Debtor **Life of Purpose-Pennsylvania, LLC**

Case number (if known) **19-12495(MDC)**

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.2. **Marcum LLP**  
**1600 Market Street, 32nd Floor**  
**Philadelphia, PA 19103**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

**Name and address**

26d.1. **Oxford Finance LLC**  
**Attn: Joseph Somerset, Managing Director**  
**133 North Fairfax Street**  
**Alexandria, VA 22314**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Andrew Rothermel	1402 Dakota Drive Jupiter, FL 33438	Chief Executive Officer	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Jason Gerner	633 Rittenhouse Street Philadelphia, PA 19144	Chief Executive Officer	Removed as of May 7, 2018
Branden Coluccio	248 Avenue A Doylestown, PA 18901	Chief Financial Officer	Removed as of May 7, 2018
Thomas Greer	Fulcrum Equity Partners Glenridge Highlands One 5555 Glenridge Connector, Suite 930 Atlanta, GA 30342	Vice President and Secretary	

Debtor **Life of Purpose-Pennsylvania, LLC**

Case number (if known) **19-12495(MDC)**

Name	Address	Position and nature of any interest	Period during which position or interest was held
Jeff Muir	Fulcrum Equity Partners Glenridge Highlands One 5555 Glenridge Connector, Suite 930 Atlanta, GA 30342	Board Member	
Name	Address	Position and nature of any interest	Period during which position or interest was held
Vinny Olmstead	Vocap Investment Partners 2770 Indian River Blvd., Suite 201 Vero Beach, FL 32960	Board Member	
Name	Address	Position and nature of any interest	Period during which position or interest was held
Tom Leahey	c/o Windham Brannon 3630 Peachtree Road NE Atlanta, GA 30326	Chief Financial Officer	

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See "SOFA 4" attached hereto.			
Relationship to debtor			

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☐ No  
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
LBH Holdings LLC	EIN: 61-1861326

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

Debtor **Life of Purpose-Pennsylvania, LLC**

Case number (if known) **19-12495(MDC)**



**“SOFA 3”  
90 Day Payments**













[illegible]

01/20/2019	Expense	PECO	RECOVERNY UTIL, BL, ACH DEBIT XXX00071 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-38.53	4,800.20
01/20/2019	Expense	PNC Merchant Fee	PNC MERCHANT FEE 3738459966	10101 Bank Charges	60111 Bank Charges	-28.34	
01/20/2019	Expense	PNC Merchant Interest	PNC MERCHANT INTEREST 3738459966	10100 Housing Chasing (XXXXXX 2545)	60111 Bank Charges	-2.83	4,886.62
01/20/2019	Deposit	Comcast	DEPOSIT XXX00010 DEPOSIT XXX00010	10100 Housing Chasing (XXXXXX 2545)	40181 Rental Income	60201 IF Services & Software	5,526.82
01/20/2019	Deposit	Comcast	DEPOSIT XXX00010 DEPOSIT XXX00010	10100 Housing Chasing (XXXXXX 2545)	60201 IF Services & Software	-9.95	5,516.88
01/20/2019	Expense	PNC Merchant Fee	PNC MERCHANT FEE 3738459966	10100 Housing Chasing (XXXXXX 2545)	60111 Rental Income	40181 Rental Income	40,500
01/20/2019	Expense	Comcast	COMCAST 36400 XXX00058 ACH DEBIT 704414	10100 Housing Chasing (XXXXXX 2545)	60111 Rental Income	60122 Comcast & Internet Expense	-200.23
01/20/2019	Expense	Waste Management	WASTE MANAGEMENT INTEREST ACH WASTE MGMT XXX00014	10100 Housing Chasing (XXXXXX 2545)	60122 Comcast & Internet Expense	5,545.75	5,545.75
01/20/2019	Expense	Waste Management	WASTE MANAGEMENT INTEREST ACH WASTE MGMT XXX00014	10100 Housing Chasing (XXXXXX 2545)	60122 Comcast & Internet Expense	-290.65	5,044.90
01/20/2019	Expense	Waste Management	WASTE MANAGEMENT INTEREST ACH WASTE MGMT XXX00014	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-277.42	4,464.40
01/20/2019	Expense	Waste Management	WASTE MANAGEMENT INTEREST ACH WASTE MGMT XXX00014	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-208.69	4,055.82
01/20/2019	Deposit	Waste Management	DEPOSIT XXX00015 DEPOSIT XXX00015	10100 Housing Chasing (XXXXXX 2545)	40181 Rental Income	-1816.78	2,239.04
01/20/2019	Expense	PECO	RECOVERNY UTIL, BL, ACH DEBIT XXX00012 0192	10100 Housing Chasing (XXXXXX 2545)	40181 Rental Income	5,542.04	1,268.00
01/20/2019	Expense	Verizon Wireless	VERIZON PAYMENTS ACH WIRELESS XXX00001	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-1,268.00	
01/20/2019	Expense	PECO	RECOVERNY UTIL, BL, ACH DEBIT XXX00017 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	5,542.04	5,542.04
01/20/2019	Expense	PECO	RECOVERNY UTIL, BL, ACH DEBIT XXX00017 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	5,542.04	5,542.04
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	5,439.56
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	5,337.08
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	5,234.60
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	5,132.12
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	5,029.64
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	4,927.16
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	4,824.68
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	4,722.20
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	4,619.72
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	4,517.24
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	4,414.76
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	4,312.28
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	4,209.80
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	4,107.32
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	4,004.84
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	3,902.36
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	3,799.88
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	3,697.40
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	3,594.92
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	3,492.44
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	3,389.96
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	3,287.48
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	3,184.99
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	3,082.51
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	2,980.03
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	2,877.55
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	2,775.07
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	2,672.59
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	2,570.11
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	2,467.63
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	2,365.15
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	2,262.67
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	2,160.19
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	2,057.71
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	1,955.23
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	1,852.75
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	1,750.27
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	1,647.79
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	1,545.31
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	1,442.83
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	1,340.35
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	1,237.87
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	1,135.39
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	1,032.91
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	930.43
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	827.95
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	725.47
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	623.00
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	520.52
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	418.04
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	315.56
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	213.08
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	110.60
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	8.12
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-94.36
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-196.84
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-299.32
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-401.80
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-504.28
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-606.76
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-709.24
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-811.72
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-914.20
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-1,016.68
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-1,119.16
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-1,221.64
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-1,324.12
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-1,426.60
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-1,529.08
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-1,631.56
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-1,734.04
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-1,836.52
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-1,939.00
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-2,041.48
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-2,143.96
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-2,246.44
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-2,348.92
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-2,451.40
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-2,553.88
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-2,656.36
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-2,758.84
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-2,861.32
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-2,963.80
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-3,066.28
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-3,168.76
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-3,271.24
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-3,373.72
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-3,476.20
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-3,578.68
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-3,681.16
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXXXX 2545)	60200 Utilities	-102.48	-3,783.64
01/20/2019	Expense	FirstNet Health	RECOVERNY UTIL, BL, ACH DEBIT XXX00045 0192	10100 Housing Chasing (XXXX			





04/03/2019	Expense	Waste Management	WASTE MANAGEMENT INTERNET ACQ WEB/SINOLE 300000206	10105 Housing Checkng (000000 2525)	60200 Utilities	-326.85	1,471.02
04/03/2019	Expense	PNC	PNC MERCHANT C/P PNC MERCHANT DEPOSIT 2728425098	10105 Housing Checkng (000000 2525)	40101 Shared Income	400.00	1,471.02
04/03/2019	Expense	Verizon Wireless	VERIZON PAYMENT REC ACQ WEB/ECOH 300000001	10105 Housing Checkng (000000 2525)	60200 Utilities	-323.96	815.47
04/12/2019	Expense	PECO	PECO ENERGY UTIL. BL ACQ DEBT 300000045 0412	10105 Housing Checkng (000000 2525)	60200 Utilities	-78.34	536.12
04/12/2019	Expense	PECO	PECO ENERGY UTIL. BL ACQ DEBT 300000041 0412	10105 Housing Checkng (000000 2525)	60200 Utilities	-42.31	493.82
04/12/2019	Expense	Transfer	ONLINE TRANSFER ONLINE TRANSFER TO 300000205	10105 Housing Checkng (000000 2525)	10100 Business Checkng (000000 2245)	2,000.00	2,492.82
04/12/2019	Expense	PhisherPha Gals Waka	POW WEB/PA UTILITY ACQ WEB/SINOLE 300000205	10105 Housing Checkng (000000 2525)	60200 Utilities	-504.46	1,988.46
04/12/2019	Expense	Acad America	ACAD ONLINE PNF ACQ WEB/SINOLE 300000206	10105 Housing Checkng (000000 2525)	60200 Utilities	-189.74	1,818.72
04/12/2019	Expense	Creditcard	COMCAST (SINOLE) 300000206 ACQ DEBT 771042	10105 Housing Checkng (000000 2525)	60120 Computer & Internet Expense	-230.96	1,587.76
Total for Housing Checkng (000000 2525)							3,425.84
Cash Balance							4,000.00
Beginning Balance							4,000.00
01/02/2019	Check	Synchrony	Service Charge	10200 Cash - Expense	60111 Bank Charges	-4.00	3,996.00
01/02/2019	Deposit	INTEREST	Interest Earned	10200 Cash - Expense	60100 Interest Earned	224.63	4,220.63
02/01/2019	Check	Synchrony	Service Charge	10200 Cash - Expense	60111 Bank Charges	-11.80	4,208.83
02/02/2019	Journal Entry	Mileage	To pay Cash - Credit card, Mile Sweep	10200 Cash - Expense	60111 Bank Charges	-5.04	4,203.79
02/28/2019	Check	INTEREST	Interest Earned	10200 Cash - Expense	60100 Interest Earned	179.82	4,383.61
03/03/2019	Check	Synchrony	Service Charge	10200 Cash - Expense	60111 Bank Charges	-4.50	4,379.11
03/03/2019	Deposit	INTEREST	Interest Earned	10200 Cash - Expense	60100 Interest Earned	19.32	4,398.43
Total for Cash - Expense							-296.62
TOTAL							4,101.81

Friday, Apr 26, 2019 09:59:40 AM GMT-7 - Normal Data

**“SOFA 4”  
Insider Payments**

150,000.00



10/06/2018	Journal Entry	Offset/Balance at	To pay down Oxford Interest LIHT account	10200 Cash - Escrow	-Split-	-2,424,211.79
10/06/2018	Journal Entry	Transfer	Transfer	10200 Cash - Escrow	-Split-	-235,601.21
10/06/2018	Journal Entry	Transfer	Assumed transfer back to MM due to unauthorized original transfer	10200 Cash - Escrow	-Split-	650,000.00
12/1/2018	Journal Entry	MM transfer	Money Market transfer to DDA account	10200 Cash - Escrow	-Split-	-900,000.00
12/1/2018	Journal Entry	MM transfer	Money Market transfer to DDA account	10200 Cash - Escrow	-Split-	-100,000.00
12/1/2018	Journal Entry	Wire	Money Market transfer to DDA account	10200 Cash - Escrow	-Split-	-1,000,000.00
12/1/2018	Journal Entry	Transfer	Money Market transfer to DDA account - Reversed	10200 Cash - Escrow	-Split-	100,000.00
12/1/2018	Journal Entry	Transfer	Money Market transfer to DDA account - Reversed	10200 Cash - Escrow	-Split-	900,000.00
02/25/2019	Journal Entry	Reversed MM Swap	To pay down Oxford debt MM Swap	10200 Cash - Escrow	-Split-	-1,000,000.00

**“SOFA 9”  
Charitable Contributions**

Vendors	Amount over \$1,000
American Express - 91006	\$ 8,263.98
ARHE	\$ 8,000.00
Branden Coluccio	\$ 1,100.00
Childrens Hospital	\$ 9,761.44
City of Burlington	\$ 1,000.00
Flyers Charities	\$ 2,500.00
Giving Fund - PayPal	\$ 1,000.00
Hope Sheds Light	\$ 1,500.00
How to Save a Life	\$ 28,850.00
Independence BC/BS	\$ 4,050.00
Lower Bucks County Chamber of Commerce	\$ 1,000.00
New Jersey Prevention Network	\$ 1,200.00
NJ Prospects Fast Pitch	\$ 2,500.00
Putts for a Butz	\$ 1,000.00
Recovery Advocates of America, Inc.	\$ 52,254.84
Recovery Brands, LLC	\$ 2,500.00
Restoration Bridge Int'l	\$ 3,000.00
The Council of South-East	\$ 2,000.00
The Recovery Source	\$ 1,000.00
TOPAC	\$ 2,800.00
Varley Borough Police Department	\$ 1,376.00
WSC Sports	\$ 1,000.00

**Liberation Way  
Transaction Report  
January 1, 2017 - April 17, 2019**

Charitable Contributions	Date	Transact on Type	Num	Adj	Name	Memo/Description	Account	Split	Amount	Balance
	01/08/2017	Bill	No		American Express - 91006		60120 Charitable Contributions	21000 Accounts Payable (A/P)	25.00	25.00
	01/08/2017	Bill	No		American Express - 91006		60120 Charitable Contributions	21000 Accounts Payable (A/P)	25.00	50.00
	02/05/2017	Bill	No		American Express - 91006	Blackie Tailgate	60120 Charitable Contributions	21000 Accounts Payable (A/P)	500.00	550.00
	02/05/2017	Bill	No		American Express - 91006	Childrens Hospital	60120 Charitable Contributions	21000 Accounts Payable (A/P)	575.00	
	03/08/2017	Bill	No		American Express - 91006	Childrens Hospital	60120 Charitable Contributions	21000 Accounts Payable (A/P)	25.00	600.00
	03/08/2017	Bill	No		American Express - 91006	College Transcripts - Contribution/Donation	60120 Charitable Contributions	21000 Accounts Payable (A/P)	7.25	607.25
	03/08/2017	Bill	No		American Express - 91006	PopZilla	60120 Charitable Contributions	21000 Accounts Payable (A/P)	1,366.20	1,973.45
	04/07/2017	Bill	No		American Express - 91006	Conference	60120 Charitable Contributions	21000 Accounts Payable (A/P)	100.00	2,093.45
	04/07/2017	Bill	No		American Express - 91006	Conference	60120 Charitable Contributions	21000 Accounts Payable (A/P)	100.00	2,193.45
	04/07/2017	Bill	No		American Express - 91006	Children's Hospital	60120 Charitable Contributions	21000 Accounts Payable (A/P)	25.00	2,218.45
	04/07/2017	Bill	No		American Express - 91006	Childrens Hospital	60120 Charitable Contributions	21000 Accounts Payable (A/P)	100.00	2,318.45
	05/08/2017	Bill	No		American Express - 91006	Smart Recovery	60120 Charitable Contributions	21000 Accounts Payable (A/P)	75.00	2,393.45
	05/08/2017	Bill	No		American Express - 91006	Conference, P/H/C Recovery	60120 Charitable Contributions	21000 Accounts Payable (A/P)	350.00	2,743.45
	05/08/2017	Bill	No		American Express - 91006	Childrens Hospital	60120 Charitable Contributions	21000 Accounts Payable (A/P)	25.00	2,768.45
	05/08/2017	Bill	No		American Express - 91006	Conference	60120 Charitable Contributions	21000 Accounts Payable (A/P)	100.00	2,868.45
	05/08/2017	Bill	No		American Express - 91006	Conference	60120 Charitable Contributions	21000 Accounts Payable (A/P)	100.00	2,968.45
	06/07/2017	Bill	No		American Express - 91006	American Express - 91006	60120 Charitable Contributions	21000 Accounts Payable (A/P)	500.00	3,468.45
	06/07/2017	Bill	No		American Express - 91006	American Express - 91006	60120 Charitable Contributions	21000 Accounts Payable (A/P)	210.00	3,678.45
	07/07/2017	Bill	No		American Express - 91006	American Express - 91006	60120 Charitable Contributions	21000 Accounts Payable (A/P)	25.00	3,803.45
	07/07/2017	Bill	No		American Express - 91006	American Express - 91006	60120 Charitable Contributions	21000 Accounts Payable (A/P)	25.00	3,828.45
	08/08/2017	Bill	No		American Express - 91006	American Express - 91006	60120 Charitable Contributions	21000 Accounts Payable (A/P)	25.00	3,853.45
	08/08/2017	Bill	No		American Express - 91006	American Express - 91006	60120 Charitable Contributions	21000 Accounts Payable (A/P)	48.00	3,901.45
	09/07/2017	Bill	No		American Express - 91006	American Express - 91006	60120 Charitable Contributions	21000 Accounts Payable (A/P)	447.31	4,348.76
	09/07/2017	Bill	No		American Express - 91006	American Express - 91006	60120 Charitable Contributions	21000 Accounts Payable (A/P)	269.23	4,617.99
	10/08/2017	Bill	No		American Express - 91006	Mobile Donation	60120 Charitable Contributions	21000 Accounts Payable (A/P)	1,000.00	5,617.99



10/08/2017	Bill	American Express - 91006	Childrens Hospital	60120 Charitable Contributions	21000 Accounts Payable (A/P)	25.00	5,642.99
10/08/2017	Bill	American Express - 91006	Fetal Surgery	60120 Charitable Contributions	21000 Accounts Payable (A/P)	25.00	5,642.99
11/28/2017	Bill	American Express - 91006		60120 Charitable Contributions	21000 Accounts Payable (A/P)	500.00	6,182.99
12/08/2017	Bill	American Express - 91006		60120 Charitable Contributions	21000 Accounts Payable (A/P)	135.00	6,317.99
12/08/2017	Bill	American Express - 91006		60120 Charitable Contributions	21000 Accounts Payable (A/P)	52.00	6,369.99
12/08/2017	Bill	American Express - 91006		60120 Charitable Contributions	21000 Accounts Payable (A/P)	1,666.99	8,038.99
12/08/2017	Bill	American Express - 91006		60120 Charitable Contributions	21000 Accounts Payable (A/P)	225.00	8,263.99
11/06/2018	Expense	ARHE	A R H E .0208 BURLINGTON VT	60120 Charitable Contributions	221500 American Express Pillulum	8,000.00	16,263.99
03/28/2017	Check	1718	Bayes County Community Foundation	CHECK 1718 07674 CHECK 1718	10100 Business Checking (XXXXXX 5234)	395.00	16,658.99
04/17/2017	Check	1693	Brandan Colucio	CHECK 1693 06635 CHECK 1693	10100 Business Checking (XXXXXX 5234)	1,000.00	17,658.99
11/28/2017	Check	2027	Brandan Colucio	CHECK 2027 06524 CHECK 2027	10100 Business Checking (XXXXXX 5234)	100.00	17,758.99
01/17/2018	Expense		Childrens Hospital	BB-CHILD RN HOSP PHILSECAUCUS NJ 60120 Charitable Contributions	221000 American Express (deleted)	25.00	17,783.99
03/03/2018	Expense		Childrens Hospital	BB-CHILD RN HOSP PHILSECAUCUS NJ 60120 Charitable Contributions	221000 American Express (deleted)	25.00	17,808.99
03/31/2018	Expense		Childrens Hospital	BB-CHILD RN HOSP PHILSECAUCUS NJ 60120 Charitable Contributions	221000 American Express (deleted)	25.00	17,833.99
04/28/2018	Expense		Childrens Hospital	BB-CHILD RN HOSP PHILSECAUCUS NJ 60120 Charitable Contributions	221000 American Express (deleted)	25.00	17,858.99
06/01/2018	Expense		Childrens Hospital	BB-CHILD RN HOSP PHILSECAUCUS NJ 60120 Charitable Contributions	221000 American Express (deleted)	25.00	17,883.99
06/29/2018	Expense		Childrens Hospital	BB-CHILD RN HOSP PHILSECAUCUS NJ 60120 Charitable Contributions	221000 American Express (deleted)	25.00	17,908.99
07/31/2018	Expense		Childrens Hospital	BB-CHILD RN HOSP PHILSECAUCUS NJ 60120 Charitable Contributions	221000 American Express (deleted)	25.00	17,933.99
08/08/2017	Check	1909	City of Burlington	CHECK 1909 08327 CHECK 1909	10100 Business Checking (XXXXXX 5234)	1,000.00	18,933.99
08/21/2017	Check	1921	CL PPM	CHECK 1921 08678 CHECK 1921	10100 Business Checking (XXXXXX 5234)	300.00	19,233.99
10/17/2018	Expense		Community Foundation of NJ	COMMUNITY FOUNDATION(973)267-5533 NJ	221500 American Express Pillulum	30.00	19,263.99
05/01/2018	Bill	00015256-IN	Flyers Charities	Red Line Sponsor - Payable never received - Originally dated 10/25/2017	21000 Accounts Payable (A/P)	2,500.00	21,763.99
09/13/2018	Expense		Foundations Recovery Network, LLC	FOUNDATIONS RECOVERYBENTWOOD TN	221500 American Express Pillulum	499.00	22,262.99
09/25/2018	Expense		Foundations Recovery Network, LLC	FOUNDATIONS RECOVERYBENTWOOD TN	221500 American Express Pillulum	499.00	22,761.99
04/24/2018	Expense		Giving Fund - PayPal	PAYPAL GIVING FUND 888221161 DC	221000 American Express (deleted)	1,000.00	23,761.99
11/01/2018	Expense		Hansen Foundation	HANSEN FOUNDATION GALLOWAY NJ	221500 American Express Pillulum	500.00	24,261.99
08/03/2017	Check	1908	Hope Shields Light	CHECK 1908 09461 CHECK 1908	10100 Business Checking (XXXXXX 5234)	1,500.00	25,761.99
01/03/2017	Check	1780	How to Save a Life	CHECK 1780 08321 CHECK 1780	10100 Business Checking (XXXXXX 5234)	2,500.00	28,261.99
03/16/2017	Check	1670	How to Save a Life	CHECK 1670 08612 CHECK 1670	10100 Business Checking (XXXXXX 5234)	2,100.00	30,361.99
05/10/2017	Check	1688	How to Save a Life	CHECK 1688 08659 CHECK 1688	10100 Business Checking (XXXXXX 5234)	3,000.00	33,361.99
05/10/2017	Check	1687	How to Save a Life	CHECK 1687 08667 CHECK 1687	10100 Business Checking (XXXXXX 5234)	2,500.00	35,861.99
08/21/2017	Check	1922	How to Save a Life	CHECK 1922 08376 CHECK 1922	10100 Business Checking (XXXXXX 5234)	3,500.00	39,361.99
10/13/2017	Check	1938	How to Save a Life	CHECK 1938 08521 CHECK 1938	10100 Business Checking (XXXXXX 5234)	3,750.00	43,111.99
01/12/2018	Check	2044	How to Save a Life	CHECK 2044 08549 CHECK 2044	10100 Business Checking (XXXXXX 5234)	2,500.00	45,611.99
04/26/2018	Bill	Gala	How to Save a Life	06/20/2018 - 11th Gala - Karl Hottenstein event	21000 Accounts Payable (A/P)	3,500.00	49,111.99
04/27/2018	Bill	Bag Bingo	How to Save a Life	08/04/2018 - Bag Bingo	21000 Accounts Payable (A/P)	3,000.00	52,111.99
04/27/2018	Bill	Shades For Ship	How to Save a Life	06/20/2018 - Shades for Ship	21000 Accounts Payable (A/P)	2,500.00	54,611.99
08/17/2018	Expense		IATIS	IATIS THE PROMISES FDB88-955-5455 CA	221500 American Express Pillulum	300.00	54,911.99
12/04/2017	Check	1643	Independence BCBS	CHECK 1643 08435 CHECK 1643	10100 Business Checking (XXXXXX 5234)	4,050.00	58,961.99
03/31/2018	Bill	Armstrong	Lower Bucks County Chamber of Commerce	Expo Sponsoring Sponsorship	21000 Accounts Payable (A/P)	1,000.00	59,961.99
03/06/2018	Expense		New Jersey Prevention Network	CONFERENCE LAKEWOOD NJ	221000 American Express (deleted)	1,100.00	61,061.99
04/23/2018	Expense		New Jersey Prevention Network	CONFERENCE LAKEWOOD NJ	221000 American Express (deleted)	100.00	61,161.99
09/15/2017	Check	1631	NJ Prospects Fast Pitch	CHECK 1631 08682 CHECK 1631	10100 Business Checking (XXXXXX 5234)	2,500.00	63,661.99
04/03/2017	Check	1722	Philadelphia Parks & Rec	CHECK 1722 08503 CHECK 1722	10100 Business Checking (XXXXXX 5234)	300.00	63,961.99

01/04/2017	Bill	No	Futts live Bluz	CHECK 7276 08518 CHECK 7276 085192476	60120 Charitable Contributions	21000 Accounts Payable (A/P)	1,000.00	64,961.96
02/02/2017	Check	No	Recovery Advocates of America, Inc.	CHECK 7326 08334 CHECK 7326 083343278	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	2,000.00	66,961.96
06/27/2017	Check	No	Recovery Advocates of America, Inc.	CHECK 1746 08516 CHECK 1746 085163652	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	2,000.00	68,961.96
07/25/2017	Check	No	Recovery Advocates of America, Inc.	CHECK 1904 08661 CHECK 1904 086619110	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	5,000.00	73,961.96
08/24/2017	Check	No	Recovery Advocates of America, Inc.	CHECK 1923 08573 CHECK 1923 085738975	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	5,000.00	78,961.96
09/27/2017	Check	No	Recovery Advocates of America, Inc.	CHECK 1936 08666 CHECK 1936 086669700	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	5,000.00	83,961.96
10/02/2017	Check	No	Recovery Advocates of America, Inc.	CHECK 1930 08559 CHECK 1930 085595976	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	5,000.00	88,961.96
10/31/2017	Check	No	Recovery Advocates of America, Inc.	CHECK 2010 08387 CHECK 2010 083875597	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	200.00	89,161.96
12/12/2017	Check	No	Recovery Advocates of America, Inc.	CHECK 2035 08607 CHECK 2035 086071039	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	5,000.00	94,161.96
01/03/2018	Check	No	Recovery Advocates of America, Inc.	CHECK 2041 08341 CHECK 2041 083444559	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	5,000.00	99,161.96
02/07/2018	Check	No	Recovery Advocates of America, Inc.	CHECK 2053 08463 CHECK 2053 084633689	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	5,000.00	104,161.96
03/15/2018	Expense	No	Recovery Advocates of America, Inc.	EB RECOVERY ADVOCATISAN FRANCISCO CA	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	5,000.00	109,161.96
03/16/2018	Check	No	Recovery Advocates of America, Inc.	CHECK 2067 08352 CHECK 2067 083522582	60120 Charitable Contributions	221000 American Express (deleted)	54.84	109,216.82
09/13/2018	Bill	No	Recovery Advocates of America, Inc.	Requested by Keith Arnold, Approved by Drew	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	5,000.00	114,216.82
10/31/2018	Expense	No	Recovery Brands, LLC	RECOVERY BRANDS, LLC SAN DIEGO CA	60120 Charitable Contributions	21000 Accounts Payable (A/P)	3,000.00	117,216.82
08/16/2017	Check	No	Restoration Bridge Int'l	CHECK 1918 02301 CHECK 1918 023011266	60120 Charitable Contributions	221500 American Express Platinum	2,500.00	119,716.82
05/18/2018	Expense	No	Richard J Caron Foundation	RICHARD J CARON FOUND060782332	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	3,000.00	122,716.82
05/22/2018	Expense	No	Richard J Caron Foundation	RICHARD J CARON FOUND060782332	60120 Charitable Contributions	221000 American Express (deleted)	100.00	122,816.82
05/25/2018	Expense	No	Richard J Caron Foundation	RICHARD J CARON FOUND060782332	60120 Charitable Contributions	221000 American Express (deleted)	70.00	122,886.82
10/01/2018	Expense	No	Seabrook House	PA *SEABROOK HOUSE BRIDGETON NJ	60120 Charitable Contributions	221000 American Express (deleted)	35.00	122,921.82
03/22/2018	Expense	No	Stop Heroin	PA*AL *STOP HEROIN 4029357733 NJ	60120 Charitable Contributions	221500 American Express Platinum	500.00	123,421.82
02/18/2018	Expense	No	The Ammon Foundation	BB *AMMON FOUNDATIONLINDEN NJ	60120 Charitable Contributions	221000 American Express (deleted)	250.00	123,671.82
11/29/2018	Expense	No	The Center for Prevention	THE CENTER FOR PREVENTIONOVER NJ	60120 Charitable Contributions	221500 American Express Platinum	600.00	124,271.82
08/04/2017	Check	No	The Council of South-East	CHECK 1907 07356 CHECK 1907 073567018	60120 Charitable Contributions	221500 American Express Platinum	250.00	124,521.82
02/24/2017	Bill	No	The Recovery Source	Event Sponsorship	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	2,000.00	126,521.82
01/24/2017	Check	No	Toni's River HS East	CHECK 1622 08553 CHECK 1622 085539061	60120 Charitable Contributions	21000 Accounts Payable (A/P)	1,000.00	127,521.82
02/24/2017	Bill	No	TOPAC	TOPAC	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	75.00	127,596.82
04/03/2017	Bill	No	TOPAC	TOPAC	60120 Charitable Contributions	21000 Accounts Payable (A/P)	2,000.00	129,596.82
03/21/2018	Check	No	TOPAC	CHECK 2068 08589 CHECK 2068 085894913	60120 Charitable Contributions	21000 Accounts Payable (A/P)	500.00	130,096.82
03/07/2017	Check	No	UNSL	CHECK 1721 08435 CHECK 1721 084351916	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	300.00	130,396.82
04/03/2018	Bill	No	Yardley Borough Police Department	CHECK 7382 08674 CHECK 7382 086745216	60120 Charitable Contributions	10100 Business Checking (XXXXXX 5234)	600.00	130,996.82
02/01/2017	Check	No	YSPC Sports	CHECK 7382 08674 CHECK 7382 086745216	60120 Charitable Contributions	21000 Accounts Payable (A/P)	1,376.00	132,372.82
							1,000.00	133,372.82

							\$ 133,372.82
							\$ 133,372.82

In re Life of Purpose-Pennsylvania, LLC  
Debtor

Case No. 19-12495(MDC)

Chapter 7

**DECLARATION UNDER PENALTY OF PERJURY**  
**ON BEHALF OF CORPORATION**

I, Drew Rothermel, Sole Member of the Debtor, declare under penalty of perjury that I have read the foregoing Statement of Financial Affairs, and any attachments thereto, and that they are true and correct to the best of my knowledge, information and belief.

**LIFE OF PURPOSE-PENNSYLVANIA, LLC**

By: 

Drew Rothermel, Sole Member

Dated: May 1, 2019

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

<b>In re:</b>	:	<b>CHAPTER 7</b>
	:	
<b>LIFE OF PURPOSE-PENNSYLVANIA, LLC</b>	:	<b>Bankruptcy No. 19-124295(MDC)</b>
<b>Debtor</b>	:	
	:	

**RULE 2016(b) STATEMENT  
OF ATTORNEY COMPENSATION**

Pursuant to 11 U.S.C. §329 and Rule of Bankruptcy Procedure 2016(b), the undersigned attorneys for Life of Purpose-Pennsylvania, LLC (the “Debtor”) in this case makes this statement setting forth the compensation paid to the undersigned for services rendered or to be rendered in contemplation of and in connection with the case by the undersigned, and the source of such compensation.

1. The firm of Karalis PC (“KPC”) has agreed to act as counsel on behalf of the Debtor and acknowledges the receipt of a retainer fee in the amount of \$5,960.00 including the filing fee of \$335.00. The retainer was paid on April 17, 2019 and funded by Oxford Finance LLC at the request of the Debtor.

2. KPC received no other payments from the Debtor within one year prior to the Petition Date.

3. KPC agreed to provide the Debtor with services including consultation concerning the filing of the bankruptcy case under Chapter 7 of the Bankruptcy Code, preparation of all pleadings necessary to commence the case, preparation of schedules, and attendance at the §341 meeting of creditors.

4. KPC did not agree to represent the Debtor in any other matters which may arise in the case, including, but not limited to, examinations of any officer, director, member, employee, or other person of the Debtor under Bankruptcy Rule 2004.

5. The undersigned has not shared or agreed to share any portion of such compensation with any other person who is not a member or regular associate of the undersigned's law firm.

**KARALIS PC**

By: /s/ Aris J. Karalis  
ARIS J. KARALIS  
Attorneys for the Debtor

Dated: May 1, 2019